



MOBILE FOOD UNIT AGREEMENT FORM

COMMISSARY

SERVICING AREA

I, _____, owner of _____,

Commissary/Servicing Area Owner's Name

Commissary/Servicing Area Business Name

located at _____,

Commissary/Servicing Area Address

agree to allow _____,

Name of Mobile Food Unit

Owner of Mobile Food Unit

Use of my facility as his/her commissary or servicing area and I understand the cart will return to my facility for servicing on a daily basis. I acknowledge that it is my responsibility to notify the Metro Public Health Department if the owner/ operator of the Mobile Food Unit fails to comply with this agreement.

Signature of Commissary/Servicing Area Owner

Phone

Date

Commissary/Servicing Area Owner Email

Signature of Mobile Food Unit Owner

Phone

Date

Mobile Food Unit Owner Email

SIGNED, SEALED AND DELIVERED, THIS _____ DAY OF _____, 20____,

IN THE PRESENCE OF: _____,

Signature of Notary

Date

**NOTARY PUBLIC
STATE OF TENNESSEE
COUNTY OF DAVIDSON**

Official Use Only

Mobile Food Unit Name _____

Address _____

Permit # _____

Rev 03/23